

<div style="display: flex; justify-content: space-between;"> 23-10164-smr Doc#98 Filed 05/15/23 Entered 05/15/23 10:34:44 Main Document Pg 1 of 1 AC-435 (Rev. 04/18) </div> <div style="text-align: center;">ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS</div>		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER			
<i>Please Read Instructions:</i>			
1. NAME Jay H. Ong		2. PHONE NUMBER (512) 391-6124	
4. DELIVERY ADDRESS OR EMAIL 1717 West 6th St., Suite 250; jong@munsch.com		5. CITY Austin	
		6. STATE TX	7. ZIP CODE 78703
8. CASE NUMBER 23-10164	9. JUDGE Shad Robinson	DATES OF PROCEEDINGS	
		10. FROM 5/11/2023	11. TO 5/11/2023
12. CASE NAME ASTRALABS Inc.		LOCATION OF PROCEEDINGS	
		13. CITY Austin	14. STATE TX
15. ORDER FOR			
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER			
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)			
PORTIONS		DATE(S)	
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Entire proceeding from 5/11	
<input type="checkbox"/> BAIL HEARING			
17. ORDER			
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL
			0.00
18. SIGNATURE /s/ Jay H. Ong			PROCESSED BY
19. DATE 5/15/2023			PHONE NUMBER
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS
ORDER RECEIVED	DATE	BY	
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES
TRANSCRIPT RECEIVED			LESS DEPOSIT
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			TOTAL DUE